

Appendix F
to M.G.O. report Jan 1921

Borough of Nuneaton.

Annual Report
of the
Medical Officer of Health
for 1919.

A. MIDDLETON HEWAT, M.D., D.P.H.

Medical Officer of Health.

Nuneaton:
NUNEATON OBSERVER LIMITED.
1920.

Borough of Nuneaton.

Annual Report
of the
Medical Officer of Health
for 1919.

A. MIDDLETON HEWAT, M.D., D.P.H.
Medical Officer of Health.

Nuneaton:
NUNEATON OBSERVER LIMITED.
1920.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b29925757>

MEMBERS OF THE COUNCIL OF THE BOROUGH OF NUNEATON.

*His Worship The Mayor - Alderman J. Randle, J.P.

*Deputy Mayor - - - Alderman T. Horton, J.P.
(Chairman of Health Committee).

*Alderman W. T. Bates, J.P. Councillor S. Deeming.

* ,, W. French.	,, J. Fairfield.
,, E. F. Melly, J.P.	,, W. E. Lester.
* ,, C. Reader.	,, F. Mather.
,, T. W. Sands, J.P.*	,, W. E. Mycock.
* ,, R. W. Swinnerton,	,, C. J. Partridge.
M.B.E., J.P.*	,, F. P. Pembleton.

*Councillor H. Axon.	* ,, F. Price.
----------------------	----------------------

** ,, G. Bailey.	* ,, L. E. Price.
,, S. C. Buckerfield.	(Vice-Chairman of Health
,, J. A. Cartwright.	Committee).
,, H. Chamberlain.	Councillor W. T. Smith.
,, W. Cooper.	,, W. Taylor.
* ,, W. Croshaw.	,, W. F. Warr.
* ,, J. Cullen.	,, J. H. Whitehouse
,, H. Davies.	* ,, G. A. Wolfendale
* ,, C. H. Dawson.	

*Members of the Health Committee.

STAFF OF HEALTH DEPARTMENT

As at December 31st, 1919.

Medical Officer of Health, and Medical Superintendent of the
Isolation Hospital:—

A. Middleton Hewat, M.D., Ch.B. (Edin.), D.P.H.

Medical Officer for Infant Welfare Centres:—

Alfred A. Wood, M.D. (Liverp.).

Chief Inspector of Nuisances and Inspector of Canal Boats;
Inspector under the Milkshops, Cowsheds, and Dairies Order;
Inspector under the Petroleum Acts:—

G. W. Andrew, Cert. R.S.I.

Junior Inspector of Nuisances; Inspector under the Shops Act
and Market and Meat Inspector:—

F. W. Mortimer, Cert. R.S.I.

Matron of Isolation Hospital:—

†Miss E. R. Duggan.

Health Visitors:—

***Mrs. G. N. Abbott, C.M.B.**

***Miss E. Ford, C.M.B.**

Clerk:—**Miss W. Wood.**

Hospital Attendant and Disinfector:—**H. Crewcock.**

† Fever Training Certificate as Nurse.

* General Training Certificate as Nurse.

BOROUGH OF NUNEATON.

HEALTH DEPARTMENT,
MUNICIPAL OFFICES,
NUNEATON,
April, 1920.

To The Chairman and Members of the Health Committee of The Borough of Nuneaton.

GENTLEMEN,

I present herewith my first Annual Report as your Medical Officer of Health on the Health and Sanitary conditions of the Borough for the year 1919. This year has been marked by a return to more or less normal conditions after more than five years of war.

In April, your Assistant Inspector of Nuisances, Mr. Longfellow, returned from military service, but in November he left the service of the Corporation on being appointed Chief Inspector of Nuisances for the Rowley Regis Urban District. His place was taken by Mr. F. W. Mortimer, who was appointed Junior Inspector of Nuisances, it being allowable since the passing of the Nuneaton Corporation Act 1919, for the Corporation to have more than one legally appointed Inspector of Nuisances.

In June, your Medical Officer of Health, Dr. V. Gray-Maitland, returned from military service but he left the service of the Corporation in August to enter general practice in Dudley.

Dr. A. A. Wood acted as Medical Officer of Health from January till June and again during September.

On October 1st, I took up my duties as Medical Officer of Health for the Borough.

The month of November was marked by the total resignation of the Council under the Nuneaton Corporation Act 1919 and the election of a new and enlarged Council. Under this arrangement the personnel of the Health Committee was considerably changed, but the Town was fortunate in that Alderman Horton was re-elected Chairman of the Committee after many years' service in that capacity.

The following report on the health of the Borough gives gratifying evidence of the endeavours of the Committee to improve the sanitary state of the town. The Death Rate is low, nearly 2 per 1,000 population lower than the average for the 148 towns with populations between 20,000 and 50,000, the Infantile Mortality rate is 2 per 1,000 births higher than the figure for the 148 towns above mentioned, but the rate for Summer Diarrhœa was 6.4 for Nuneaton and 8.6 for the 148 towns.

The Birth Rate was over 4 per 1,000 population higher in Nuneaton than in the 148 towns. We are hoping for still better records in the coming year, but the Committee must "be not weary in well doing." Much still remains to be done to improve the health of the population. Particularly is this the case in regard to Infantile Mortality. Our present figure is too high to be regarded as satisfactory, but I feel sure that no very appreciable lowering will take place until measures are taken to provide ante-natal attention for expectant mothers. It is satisfactory that the Committee have made some provision for this during the early months of 1920.

My thanks are due for much help in the compilation of this Report to the Borough Surveyor, Mr. R. C. Moon, and to the Chief Inspector of Nuisances, Mr. G. W. Andrew. Mr. Moon is responsible for all the figures dealing with water supply and sewage disposal.

There are many matters in connection with the sanitary conditions of the Borough which I should like to have dealt with in greater detail, but this report has been written, as the Committee are aware, in the midst of much re-organisation in the Health Department and during the inception of many new schemes both in the Health and School Medical Departments, which have occupied much of my time.

The confidence which the Committee has placed in my advice and judgment on sanitary matters has been a source of much gratification to me and a stimulus to future endeavour.

I feel that much of this confidence is due to the thorough work which is placed at my disposal by all the members of the Sanitary Staff; there is between the Committee, myself and my staff that spirit of harmony and co-operation which lies at the foundation of all successful effort.

I am, Gentlemen,

Yours obediently,

A. MIDDLETON HEWAT,

Medical Officer of Health.

SUMMARY OF VITAL STATISTICS FOR 1919.

I give below the important Vital Statistics for the Borough for the year 1919 compared with those of the average of 148 towns in England having a population of between 20,000 and 50,000.

It will be possible by comparing these two figures to get some idea as to how this Borough stands in relation to other Boroughs in the country of a similar size.

	Nuneaton.		148 Towns.
	1919.	1918.	
Estimated population to the middle of the year ...	41,146 ...	40,817 ...	20,000/50,000
Birth Rate	22.7 ...	22.0 ...	18.3
Death Rate (based on population of 39,499)	10.9 ...	16.5 ...	12.6
Infantile Mortality Rate (per 1,000 births)	92 .	100 ...	90
Zymotic Death Rate .....	.26 ...	1.2 ...	not available
Phthisis Death Rate ...	.83 ...	.80 ...	„
Respiratory Death Rate (excluding phthisis)	2.40 ...	3.67 ...	„
Death Rate from other tuberculous conditions ...	.22 ...	.24 ...	„
Cancer Death Rate .....	.70 ...	.70 ...	„
Rateable Value	£157,513	8 0	

TABLE I.

Vital Statistics of Whole District during 1919 and previous Years.
NUNEATON BOROUGH.

YEAR.	Population estimated to middle of each year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Nett.		Number.	Rate.	of Non-Registered in District.	of Residents not registered in the District.	Under 1 Year.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 Net Births.	Number.	Rate.
I	2	3	4	5	6	7	8	9	10	11	12	13
1914	40091	1200	1200	29.9	521	12.9	10	15	143	119	526	13.1
1915	38652	1053	1053	27.2	538	13.9	13	17	123	116	542	14.0
1916	40908 } 37599 }	1008	1008	24.6	441	11.7	20	15	79	78	436	11.5
1917	42004 } 37681 }	958	958	22.8	458	12.1	39	18	92	96	440	11.6
1918	40817 } 36429 }	891	891	22.0	602	16.5	22	22	90	100	602	16.5
1919	41146 } 39499 }	936	936	22.7	433	10.9	22	23	86	92	434	10.9

VITAL STATISTICS.

POPULATION.

In April, 1911, the Census Report showed the population of the Borough to be 37,073. The population estimated for the middle of 1919 by the Registrar General is 41,146 for births and 39,499 for deaths. The latter figure is arrived at by deducting from the estimated population the estimated number of men on service with H.M. Forces. I trust that in future years it will be unnecessary to resort to this expedient of double population figures.

If we take the number of houses in the Borough in October 1919 and multiply it by the number of persons per house, as shown by the 1919 Census, we get a population of 40,122; but this does not allow for any increase in overcrowding which I feel sure has taken place since the 1911 Census.

In July 1919 there were 39,428 persons holding Ration Cards from the Food Controller, and it will be seen that this figure approximates very closely to the figure of the Registrar General for death rate purposes.

Taking everything into account, I consider that the Registrar General's estimate for the Borough for the middle of the year 1919, namely 41,146 is approximately correct.

DETAILS OF ESTIMATED POPULATION.

I estimate the population of the various Wards in the Borough for the middle of 1919 to be as follows:—

Ward.	Area in acres.	Estimated population.	Persons per acre.
St. Nicholas	3497.3	9584	2.7
St. Mary's	929.2	8855	9.5
Stockingford	2113.0	10259	4.8
Chilvers Coton	4056.4	12448	3.01

The natural increase of population in the Borough for the year 1919 was 503, which, taking an average of five persons per house, means the population of 100 houses, whereas, in fact, not a single house was built in the Borough during the year.

OCCUPATIONS.

Coal mining certainly comes first in the list of Nuneaton's industries, since it employs the great majority of the male population. It is upon this easily available supply of coal that the rest of Nuneaton's industries are to a large extent based.

Agriculture is represented by some 68 farms and finds employment for a large number of persons; the railways, particularly the L.N.W., find employment for a large number of men.

The textile industries of Nuneaton include weaving—ribbon weaving, plush weaving, pile, tapestry, sealskins, mohair, velvet, upholstered cloths, silk goods, moirettes, tartans, and satins; Worsted spinning and the manufacture of hosiery and women's wear; Ready-made clothing, Elastic and General Webbing, including all manner of articles manufactured from woven rubber, and woven belts of all descriptions; Knitted hosiery and caps.

Besides the textile industries there are numerous other manufactures, including: Hats; sports requisites; needles; machinery, especially coal heading and tunnelling machinery, and brick-making machinery; box-making, and the manufacture of wooden boot-heels. Dye works have recently been established in the town.

One of the industries occupying a large amount of male labour is the manufacture of bricks and tiles, an extensive industry in the town.

Most of the industries named above employ both male and female labour, and a large amount of female labour is of course employed in connection with the textile industries.

Nuneaton is fortunate in that it possesses such a great variety of occupations, since in the event of a slump in any one particular trade the town is not so severely hit financially as are towns depending on one variety of trade only.

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

The Borough of Nuneaton is situated in the North-eastern corner of Warwickshire, 20 miles east of Birmingham, 18 miles west of Leicester, and 9 miles north of Coventry.

The town is served by both the L.N.W. and Midland railways; there being four passenger stations in the Borough and a large number of Goods Sidings. In addition, Nuneaton is served by the Coventry Canal, which links it up with the chief canal system of England.

The town is ideally situated for home trade, being practically in the centre of England, and has excellent railway facilities to all parts of the country, hence it is rapidly developing as an industrial centre.

The Borough has an area of 10.596 acres, and has a population at present of 41,146; there are thus only 3.9 people per acre. This allows plenty of room for future developments both in the way of factories and houses.

The town lies at roughly 267 feet above Ordnance Datum, and rises on the north and west to 480 feet above Ordnance Datum.

Geologically the district is on red marl.

There is a service of motor buses in the Borough, and this will shortly be improved so as to link up the town with the surrounding districts.

The inhabitants belong for the greater part to the artisan and working classes.

MEDICAL PROVISIONS.

There are 12 doctors in practice in the Borough, 9 of whom are on the National Insurance Panel.

In addition there is in existence The Nuneaton and District Public Medical Service, which embraces all the doctors in the town except two and is available to members of the working class on a charge of 3d. per week for adults, and 2d. per week for children under 16. This includes medical attendance, and medicine, but excludes confinements, surgical operations and major fractures.

HOSPITALS.

There are three hospitals existing in the Borough:

- 1.—The General Hospital.
- 2.—The Isolation Hospital.
- 3.—The Poor Law Hospital in connection with the College of the Poor.

The Isolation Hospital is fully dealt with under the Heading of "Sanitary Administration."

The General Hospital consists at present of 37 beds for surgical and medical cases, but an extension is at present taking place, which will bring the total number of beds up to 47.

There is no accommodation for maternity cases in the General Hospital.

The staff consists of six medical men, all practising in the Borough. There is no resident medical officer.

A district nurse is attached to the General Hospital, and is available for nursing cases of general sickness, and especially for doing surgical dressings in the Borough.

The Poor Law Hospital in the Borough consists of 74 beds, 40 for males and 34 for females. Of these, 12 are situated in special Wards with balconies and are devoted to the treatment of tuberculosis.

Unfortunately under our present wasteful system of dual control these Wards are often empty, while patients in the town are waiting for beds under the County Council's Tuberculosis scheme.

It is apparently impossible to send such patients to the Poor Law Hospital owing to the social stigma attaching thereto. This is the more to be deplored in that the treatment at this Poor Law Hospital is quite equal and in many ways superior to that given to tubercular patients in other non-Poor Law Institutions with which I have been associated. This Hospital also possesses beds for maternity cases and a labour ward.

I have visited this hospital on several occasions, and have gone carefully into the whole question of the care of patients therein, and have no hesitation in saying that it is one of the best institutions of its kind it has ever been my privilege to inspect. High praise has also been bestowed on

it by Local Government Board Inspectors who have visited it from time to time.

It is a very great pity that this excellent institution cannot be available for the population as a whole, but in the present nature of things is restricted to poor people.

The Hospital serves the Poor Law Union which embraces Nuneaton Borough, Nuneaton Rural District, and Bulkington Urban District. Arrangements are at present also in force whereby Poor-Law patients belonging to the Foleshill Union are admitted to this Institution

SANITARY ADMINISTRATION. STAFF.

As will be seen from page 4 the sanitary staff of the town consisted, in 1919, of one whole-time Medical Officer of Health, one part-time Medical Officer for Maternity and Child Welfare, two Inspectors of Nuisances, two Health Visitors, and one Clerk. In addition, one School Nurse was employed by the Nuneaton Education Authority.

ISOLATION HOSPITAL ACCOMMODATION.

The Borough Isolation Hospital is a semi-temporary structure built of corrugated iron and wood, situated on a most suitable site on the outskirts of the town at Tuttle Hill. It is supplied with town water, drainage, and electric lighting and heating.

During 1919 it was used only for Scarlet Fever and Pulmonary Tuberculosis, but the Warwickshire County Council has now notified the Borough Council that the beds for tuberculosis are no longer required, and it is, therefore, proposed to erect a new block for Diphtheria on the site of the present tuberculosis shelter.

There are 22 beds for Scarlet Fever, but the number to be available for Diphtheria has not yet been decided.

The Hospital Staff consists of the Medical Officer of Health, who has both administrative and clinical charge of the hospital; the Matron, a Sister, a Staff Nurse, and two Probationers; with one male Attendant and the necessary domestic staff. During 1919, one case of Pulmonary Tuberculosis and 12 cases of Scarlet Fever were treated in the hospital. The case of Tuberculosis was discharged with the disease arrested, and all the cases of Scarlet Fever were discharged cured, the case mortality thus being nil.

The Nuneaton and District Joint Small-Pox Hospital at Bramcote, on the outskirts of the Borough, has been leased to the Warwickshire and Coventry Joint Committee for Tuberculosis for use as a Tuberculosis Sanatorium. Arrangements have been made with the City of Coventry by which the first few cases of Small-Pox occurring in Nuneaton will be dealt with at the Coventry Small-Pox Hospital, but should a serious outbreak of Small-Pox develop we have powers in the lease of Bramcote under which that Hospital must be returned to us for use as a Small-Pox Hospital.

WATER SUPPLY.

The water supply of the Borough is obtained from deep wells in the sand-stone overlying the coal measures.

There are in all three pumping stations—Whittleford, Robinson's End, and Griff.

The water is pumped to sand filter beds, whence it passes into the Service Reservoir and thence by gravitation to the town.

The water originally is hard and ferruginous, but by passing through either sand filter beds or Candy Filters the iron is removed, although the hardness remains.

The following table shows the quantity of water consumed, daily average, and the source of supply:—

WATER PUMPED 1919.

THOUSAND GALLONS.							Daily Average Consumptn.
Month	Whittleford Pumping Station	Griff P.S.	Robinson's End P.S.	*Midland Quarry.	Total	Rainfall inches	
January ...	17,607	3,505	223	164	21,499	4'00	680,936
February	16,930	3,672	...	181	20,783	2'68	738,786
March ...	19,404	3,406	...	198	23,008	3'31	743,226
April ...	18,471	1,990	...	167	20,628	1'78	689,766
May ...	19,111	1,408	1,566	220	22,305	1'09	730,032
June ...	17,795	2,909	...	208	20,912	1'05	685,166
July ...	17,974	2,767	...	206	20,947	3'47	686,193
August ...	18,497	2,608	324	175	21,604	2'08	691,677
September	17,517	2,520	..	208	20,245	2'31	669,433
October ...	18,314	2,627	888	186	22,015	2'34	714,355
November	17,864	3,050	...	229	21,143	1'50	710,166
December	19,089	2,789	434	237	22,549	3'84	719,000
Totals ...	218,573	33,251	3,435	2,359	257,638	29'45	704,894 6 AVERAGE

*This supply is not used for domestic purposes.

The water is of good quality although hard and the supply has been constant and abundant throughout the year, but the consumption is rapidly approaching the output, and the Council is at present considering the acquisition of a further supply of water from a neighbouring authority.

The latest analysis of the water taken from a tap in the town gave the following result in parts per 100,000:—

Date: March 3rd, 1920. Description: Tap water from Council Offices. Free and Saline Ammonia 0.000; Albuminoid Ammonia 0.002; Chlorine in Chlorides 3.700; Nitrogen in Nitrates and Nitrites 0.000; Oxygen absorbed at 80° F. in 4 hours 0.030; Total Solids dried at 100° C. 72.000; Hardness Temporary 9.7, Permanent 30.3; Total 40.0. Appearance, Bright, many small particles.

The Analyst (Mr. W. T. Rigby) states:—"The results show the water to be of good quality, practically free from pollution and to be well adapted for use for drinking and other domestic purposes."

There are still a few private wells in the Borough supplying individual houses, but owing to the war these have not been particularly dealt with during the last year or two. It is hoped in the future to go more fully into the use of these as a supply of drinking water.

DRAINAGE AND SEWERAGE.

The Borough is drained on the partially separate system and the sewage gravitates to a Pumping Station in St. Mary's Road, thence it is pumped to the Sewage Works at Hartshill, 2½ miles distant. The sewage is there treated by means of settling tanks, percolating filters, and humus tanks; and the effluent is eventually discharged into the River Anker. There is an area of 15 acres of land available for dealing with the sludge. The following table shows the quantity of sewage treated during the last year:—

Year.	At Sewage Pumping Station. (Storm-Water)	At Sewage Outfall Works. Gallons.	Total.	Daily Average.
1919.	13,860,000	355,776,000	369,636,000	1,012,702

CLOSET ACCOMMODATION.

The condition of the Borough with regard to closet accommodation is shown in the following statement prepared by the Chief Inspector of Nuisances.

Polling Districts.	Total.		Sewers available.		No sewers available.	
	Ashpits.	Privies.	Ashpits.	Privies.	Ashpits.	Privies.
St. Nicholas ...	44	58	26	35	18	23
Attleborough ...	48	67	31	40	17	27
St. Mary's ...	51	87	47	83	4	4
Stockingford ...	77	140	64	124	13	16
Galley Common	115	204	15	26	100	178
C. Coton East ...	25	33	23	31	2	2
C. Coton West .	149	251	50	63	99	188
	509	840	256	402	253	438

There are 7,434 water-closets in the Borough.

Two privies were converted to the water-closet system.

Now that the war is over it is hoped that it will be possible to get more conversions done. Nothing tends to improve the sanitary condition of a town more than the abolition of privies.

REFUSE REMOVAL.

All dustbins are emptied without notice once a week. Dry ashplaces are emptied as required on receipt of notice from owner or tenant.

Ashpit privies are similarly emptied on receipt of notice.

The contents of dustbins and dry ashplaces are carted to the Refuse Destructor or to tips. The refuse from the more populous parts of the Borough is dealt with at the Destructor and the tips deal only with the refuse from outlying districts.

Contents of ashpit privies are carted either to farmers for use on the land or to tips. Particular care is taken that no nuisance is caused to neighbouring dwellings by the presence of these tips.

It is hoped that the gradual conversion to the water carriage system will eventually considerably reduce the amount of night-soil dealt with.

At December 31st, 1919, there were in the Borough 6,007 houses provided with dustbins and 994 provided with dry ashplaces.

DEATHS AND DEATH-RATE.

The total number of deaths registered in the district was 433; 22 of these were non-residents and were transferred to other districts, while 23 Nuneaton residents died in other districts and have been added to our number. The net deaths thus number 434, giving a Death-rate of 10.9 per 1,000, compared with 16.5 for last year, and 12.6 for other towns of a similar size.

Divided into their respective Wards they are as follows:—

Ward.	Males.		Females.		Total		Death-rate.
St. Nicholas	52	...	53	...	105	...	10.7
St. Mary	51	...	52	...	103	...	11.6
Stockingford	60	...	50	...	110	...	10.7
Chilvers Coton	55	...	61	...	116	...	9.3
	<hr/>		<hr/>		<hr/>		
	218		216		434		

Table 3 gives the causes of death during the year, from which it will be noticed that Influenza was responsible for no fewer than 27 deaths, Pulmonary Tuberculosis for 33, Cancer for 28, Heart Disease for 51, Bronchitis for 43, Pneumonia for 23, and Violence (apart from suicide) for 16.

The Tuberculosis death-rate will be dealt with later under the heading of "Tuberculosis," but the subjects which require particular notice here are Cancer, Heart Disease and Bronchitis.

Causes of, and Ages at Death during the Year 1919—Continued.

1	2		3		4		5		6		7		8		9		10	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Diarrhoea etc. (under 2 years)	1	3		2			1	1					1				1	5
Appendicitis and Typhlitis ...													1				1	2
Cirrhosis of Liver ...													1				1	
Nephritis and Bright's Disease									1						3		3	2
Puerperal Fever ...																	1	1
Parturition, apart from Puerperal Fever ...																		8
Congenital Debility ...	23	15	1	2													24	17
Violent Deaths, excluding																		
Suicide ...	1				1		2	1	3		5		2		1		14	2
Suicide ...									2				1				3	
Other Defined Diseases ..	5	3	2		1	2		2	3		8	2	9	11	23	21	48	44
All causes—all certified ...	50	36	12	13	6	11	8	13	10	15	37	32	48	41	47	55	218	216

The present Death-rate from Cancer is affording considerable anxiety to Health Authorities. Undoubtedly much of it is due to ignorance on the part of the public. Cancer to be dealt with successfully must be dealt with by operation in its early stages, and unless people are aware of the early symptoms they often do not consult a doctor in time. In order to diffuse a knowledge of this subject among the public the Health Committee decided, during the past year, to issue a short pamphlet giving the outstanding facts about Cancer, its early symptoms, and advising persons who are suspicious, owing to the presence of these symptoms, that they are suffering from this disease, to consult a doctor as soon as possible.

The question of the infective nature of Cancer is one on which scientific opinion has so far failed definitely to make up its mind, but the balance of opinion certainly is against the idea of Cancer being looked upon as an Infectious Disease.

The public mind is apt occasionally to associate Cancer with certain houses where people are known to have died from this disease, but after considerable research, undertaken some time ago by the Cancer Research Committee, it was found that in nearly every case the occurrence of several cases of Cancer in the same house could be explained away on other grounds than those of house infection.

Until, however, the cause of Cancer is definitely proved I think it is as well to undertake disinfection of all houses where a death occurs from this disease.

Of the 51 deaths from Heart Disease, 36 occurred in people over the age of 45 years, and our efforts towards reducing the mortality from this disease should be directed to the prevention and careful treatment of all severe cases of Rheumatism and Rheumatic Fever, and the discovery of cases amongst school children and appropriate treatment in the early stages.

Of the 43 deaths from Bronchitis, 26 occurred amongst women and 17 amongst men, this being an unusual high proportion in the female sex, especially where so many of the male sex are engaged in coal mining.

It is possible that a few deaths certified as Bronchitis are really cases of Pulmonary Tuberculosis, and others again have a more definite cause than mere inflammation of the bronchial tubes.

A well known Edinburgh professor used to say that Bronchitis was never in itself an ultimate diagnosis, and provided the doctor searched sufficiently well the real cause of the bronchitis could nearly always be found. While this is probably an exaggeration, there can be no possible doubt that a very large number of deaths are attributed to Bronchitis when it is merely a symptom and not the real disease.

So far as I have been able to judge during the short time I have been in the town I do not think that any of the occupations exert a particularly bad effect on the health of the occupants; considering that coal mining occupies such a large number of the population the death rates from Tuberculosis and Bronchitis are not particularly high.

BIRTH RATE.

The total number of births in the Borough was 936, giving a birth-rate of 22.7, compared with 22.0 for the year 1918 and 18.3 for other towns of a similar size.

Of this number 910 were legitimate and 26 illegitimate.

The number of births steadily increased during the year; whereas in January there were only 53 births, in December there were no fewer than 129. This gradual increase in the births may be attributed in some measure to the return of men from Military Service, but it is a state of affairs upon which we are to be congratulated and in this regard we compare very favourably with other towns of the same size where the average birth-rate is only 18.3.

Of the 936 births, 450 were males and 486 females.

Table 5 shows the number of births in each month during the year and the Wards in which they took place.

TABLE V.
BIRTHS DURING 1919.

[illegible]

ZYMOTIC DEATH RATE.

This Death-rate is based on the number of deaths occurring from the seven common epidemic diseases, which are—Smallpox, Scarlet Fever, Diphtheria, Typhoid Fever, Measles, Whooping Cough, and Epidemic Diarrhœa.

The two last-named are not notifiable diseases so it is impossible to give the case fatality in respect of them.

The number of deaths which occurred from these diseases during the year was 11, giving a Zymotic Death-rate of .26 per 1,000, compared with 1.2 for the year 1918 and .9 for the year 1917.

I give below the number of notifications received for these Zymotic diseases, the number of deaths, the death-rate and the case fatality per cent.

Disease.	Notified.	Died.	Death Rate.	Case fatality per cent.
Smallpox	—	—	—	—
Scarlet Fever	21	—	—	—
Diphtheria	12	1	.02	8
Typhoid Fever ...	—	—	—	—
Measles	631	5	.12	.79
*Whooping Cough	—	8	.20	—
*Epidemic Diarrhœa	—	6	.15	—

* Not notifiable.

This record in connection with zymotic diseases in the town is an extremely good one, and one must hope that it will be maintained in the future. In looking back over the records of recent years I can find nothing nearly as good.

INFECTIOUS DISEASES.

The total number of cases of infectious disease notified during the year was 956, to which number Measles and German Measles contributed 732.

The notifications are analysed according to age and Ward in Table II.

Surveying the year we find that during the first quarter there was very little infectious disease in the town, although seven cases of Diphtheria occurred. In every case Anti-toxin was used, but one case unfortunately died. Bacteriological confirmation of diagnosis was not made use of to that extent desirable, but contacts were swabbed as far as possible.

Only 18 cases of Measles were notified during this quarter,, but Influenzal Pneumonia was prevalent and caused a considerable number of deaths.

In the second quarter Measles became troublesome and there were still a fair number of cases of Influenzal Pneumonia. One case of Diphtheria was notified in this quarter.

The third quarter of the year was marked by a really serious epidemic of Measles, no less than 196 cases of Measles and German Measles being notified, but on the other hand there was a remarkable absence of the other infectious diseases.

The Measles epidemic continued throughout the fourth quarter of the year and accounted for 469 notifications of Measles and German Measles.

This fourth quarter was also credited with an outbreak of Scarlet Fever associated with the Girls' High School and 16 cases of this disease were notified.

Undoubtedly the three outstanding features of the year, so far as infectious disease is concerned, were, firstly the Measles epidemic, secondly the outbreak of Scarlet Fever towards the end of the year, and thirdly the entire absence of Typhoid Fever.

The type of disease throughout the Measles epidemic was on the whole mild, and only four deaths were attributable to Measles and none to German Measles. The low mortality may be accounted for, firstly by the mild type of disease, but secondly without any doubt to the more serious manner in which this disease is regarded by the community, and to the greater care and medical attention which is bestowed on children so suffering. This, in my opinion, is the direct result of making the disease notifiable, and thus enabling the health authority to have every case visited and advised as to the serious nature of the illness, and the necessity for summoning medical aid. It is unfortunate, therefore, that Measles and German Measles are no longer notifiable diseases, for although it is doubtful whether notification was of much service in controlling the epidemic, it certainly, in my opinion, was of service in diminishing the mortality and the general ill-health which so often follows a neglected attack of Measles.

A system of notification of Measles and suspected Measles in the elementary schools by Head Teachers to the Medical Officer of Health is now in vogue and it is hoped by this means to continue in some respects the good work which was formerly done when Measles was a notifiable disease. The

success of this system, however, depends entirely on the hearty co-operation of the Head Teachers, and I hope that this may be forthcoming.

The outbreak of Scarlet Fever occurred in the autumn and was introduced into the town via the Girls' High School by a child living outside the Borough. The outbreak was not a serious one either in numbers or in the severity of the disease, and no deaths resulted. It was unfortunate that a "scare" arose in the town over this outbreak, and a large number of parents kept their children away from the High School. Exaggerated rumours undoubtedly caused this, and it is hoped that in future, parents, instead of listening to idle gossip, will consult the Health Department in such matters when they will be given accurate information. The Girls' High School was closed from October 22nd till the end of the mid-term holiday on account of this outbreak, and after this closure the outbreak subsided.

It has often been said that one can estimate the sanitary condition of any town by the number of cases of two diseases, namely typhoid fever and epidemic summer diarrhœa, and if this be so, it is pleasant to be able to report that during 1919 no cases of typhoid fever were notified, and the Health Visitors report very few cases of epidemic diarrhœa, and only six deaths of children occurred from this disease. This latter disease is non-notifiable and its presence can only be estimated by the number of deaths and the reports of the Health Visitors.

It would be well if those critics who are so ready to talk about the "slums" of Nuneaton, particularly perhaps the authors of "The Report of the Land Enquiry Committee" appointed by the Chancellor of the Exchequer in 1912, were to study our typhoid fever notifications for the past few years. No case of typhoid fever has been notified since 1914 and during those years there have been only an average of 11 deaths each year from summer diarrhœa.

It is most unfortunate that at present no accommodation is provided in the Borough for the isolation of cases of diphtheria or of positive contacts. This is a serious flaw in the sanitary administration of the town and the Health Committee are at present considering the best means of supplying this deficiency. It is quite impossible to nurse efficiently in an ordinary working class home a serious case of diphtheria: apart altogether from the risk of spreading infection, and it is most essential that a ward at the Isolation Hospital should be provided as soon as possible for the accommodation of cases of this disease.

TUBERCULOSIS.

Tuberculosis of the lungs accounted for 33 deaths during the year, equal to a death-rate of .82 per 1,000, while Tuberculosis of other organs caused 9 deaths, giving a death-rate of .22 per 1,000.

Notifications were received for 64 cases of Pulmonary Tuberculosis and 16 cases of Tuberculosis of other organs.

Taking into account the number of deaths, I am of opinion that the notifications received fall much below what one would reasonably anticipate, and I am afraid that many doctors still hesitate to notify cases of this disease in the early stages, or to send them to the Tuberculosis Dispensary for examination.

I would take this opportunity to urge all the doctors in the Borough to make full use of the facilities provided at the Tuberculosis Dispensary for the skilled examination and treatment of Tuberculosis. They should not hesitate to send any patient for examination if they have the slightest suspicion that such patient is suffering from tuberculosis. Early diagnosis and early treatment is the one and only hope in dealing with this disease.

TREATMENT OF TUBERCULOSIS.

This is entirely in the hands of the County Council, but briefly so far as this Borough is concerned it consists of the following:—

1.—The tuberculosis dispensary in Coton Road, staffed by the Warwickshire County Council's Tuberculosis Officers and Health Visitors.

2.—Sanatorium treatment provided at one or other of the County Sanatoria.

3.—Treatment for Surgical Tuberculosis provided at General Hospitals by arrangement with the County Council.

4.—Visiting of the patients' homes by the County Health Visitor, who sends written reports of her findings to both the County and the Borough Medical Officers of Health.

I am indebted to the County Medical Officer of Health for the following information with regard to visits paid by the County Health Visitor to Tuberculosis cases in the Borough:—

TUBERCULOSIS VISITS.

District.	First Visits.	Re-Visits.	Totals.
Nuneaton Borough	73	240	313

Up to the present the County Council has been unable to deal institutionally with advanced cases of Tuberculosis, but if the disease is to be tackled successfully I am convinced that this side of the scheme should be carried into effect.

Another factor in our anti-tuberculosis scheme which is necessary is the provision of one or more Open-air Schools in the Borough. This lies entirely in the hands of the Borough Education Committee, but if we are to do our part in linking up with the County Scheme this matter should receive early attention. By dealing in this manner with incipient tuberculosis in childhood we should do much towards nipping the

disease in the bud and thus preventing a much greater expenditure of public funds in dealing with the adult consumptive.

Disinfection of houses occupied by persons suffering from tuberculosis is undertaken by the Borough Health Staff, on the death or removal of the patient.

Close co-operation is now maintained between the County Tuberculosis Officer and the Borough School Medical Officer in dealing with tuberculosis among school children. A large number of cases have been referred for examination to the Tuberculosis Dispensary during the past year.

Full reports on such cases are furnished by the Tuberculosis Officer, and I have asked him also to give me his opinion as to whether the child should or should not attend school and this he now does.

Until recently eight beds at our Isolation Hospital were reserved for the treatment of tuberculosis and supported financially by the County Council. Now, however, the County Council find that they no longer require these beds and consequently the treatment of this disease at our Isolation Hospital has been discontinued.

No After-care Committee for dealing with consumptives at present exists in the Borough; this will require attention from either the County or the Borough Authorities in the near future.

BACTERIOLOGICAL AIDS TO DIAGNOSIS.

The County Council has made arrangements whereby bacteriological specimens taken by medical men in the Borough can be examined at the Birmingham University Laboratory free of cost to the patient.

In addition, the Borough maintains a bacteriological laboratory at the Health Offices, but since the war began work in this laboratory has ceased. In dealing with certain diseases, notably diphtheria, I think that the work can be more expeditiously carried out in the Borough Laboratory, and if it can be arranged a certain amount of bacteriological work will be done there in the future.

During the year 1919, 66 examinations were done at Birmingham in connection with patients in this Borough.

They consisted of the following:—

Swabs for Diphtheria	31
Sputum for Tuberculosis	35

VENEREAL DISEASES.

The treatment of these diseases is entirely in the hands of the County Council. No Venereal Disease Clinic has been established in this Borough, but Nuneaton patients have the option of attending Clinics at either Birmingham, Coventry, Leamington or Rugby.

Education of the public as to the nature and dangers of Venereal Diseases will rest very much with the Borough

Health Authority acting in co-operation with the Warwickshire Branch of the National Council for combating Venereal Diseases, and I have already commenced to give lectures on this subject in the town.

Any patients requiring free treatment for these diseases should write to the Medical Officer of Health for the County or Borough, when full instructions will be sent as to where the necessary treatment can be obtained. All such letters will, of course, be treated in the strictest confidence and should be marked "Private."

DISINFECTION.

The disinfection of houses or rooms after infectious disease is carried out by means of Formaldehyde Vapour. This method has proved to be thoroughly efficacious in dealing with all zymotic diseases and with tuberculosis.

There is a steam disinfector (Washington-Lyon type) at the Disinfecting Station in St. Mary's Road, whither articles of clothing, etc., are conveyed for the purposes of disinfection.

The number of articles disinfected during the year was:—

From the Isolation Hospital	92
From the General Hospital	48
From other sources	277

Total ... 417

RIVER POLLUTION.

There are three watercourses in the Borough liable to pollution.

1.—The Wem Brook coming into the town from the south, and receiving before it enters the Borough the effluent from the Bedworth Sewage Works. This brook was recently the cause of litigation between a householder, living on its banks, and the Bedworth Sewage Authority (the Foleshill Rural District Council), and the complainant received substantial damages from the local authority. Since that time the condition of the effluent has somewhat improved, and steps are being taken to still further improve the Sewage Disposal at Bedworth, and it is hoped that no further complaints may arise.

2.—The second brook liable to pollution is the Sketchley Brook entering the town from the north-east from the direction of Hinckley. This brook receives the effluent from the Hinckley Sewage Works, containing the effluent from the Sketchley Dye Works, and complaints have been made by farmers on the route that damage has been caused in the past to their animals through drinking water from this brook.

The Hinckley Urban District Council submit the dye effluent to a certain process before discharging it, but the state of the brook still occasionally leaves much to be desired. No recent complaints, however, have been made to me as to

any damage to animals on this account.

3.—The River Anker, polluted to some extent by receiving the waters from the above brooks.

SALE OF FOOD AND DRUGS ACTS.

These Acts are administered in the Borough by the County Council.

I am indebted to the Chief Inspector under the Acts for the following summary of work done by him in this Borough during the year:—

PARTICULARS OF SAMPLES TAKEN IN THE BOROUGH OF NUNEATON FOR THE YEAR ENDING DECEMBER 31st, 1919.

Total.	Article.	Total.			Genuine.			Adulterated.	
		For-	Infor-	...	For-	Infor-	...	For-	Infor-
		mal.	mal.		mal.	mal.		mal.	mal.
27	Milk	13	14	...	27	—	...	—	—
1	Separated Milk	1	—	...	1	—	...	—	—
2	Butter	—	2	...	—	2	...	—	—
1	Rice	—	1	...	—	1	...	—	—
2	Amm. Tinc. of Quinine	—	2	...	—	2	...	—	—
6	Camphorated Oil ...	1	5	...	4	—	...	1	1
2	Castor Oil	—	2	...	—	2	...	—	—
1	Comp. Licquorice Powder	1	—	...	—	—	...	1	—
1	Olive Oil	—	1	...	—	1	...	—	—
1	Glycerine	—	1	...	—	1	...	—	—
1	Beer	1	—	...	1	—	...	—	—
2	Whisky	2	—	...	2	—	...	—	—
—		—	—		—	—		—	—
47		19	28	...	35	9	...	2	1

The three samples of Drugs were not prepared in accordance with the B.P. formula. The Vendor was cautioned. Further samples from this Vendor proved to be genuine.

The Inspector informed me that the number of samples taken this year is smaller than usual, and that during the seven years (1912 to 1919 inclusive) 655 samples were taken in the Borough, making an average of 93 per annum.

Co-operation is now maintained between the Borough Health Dept. and the Inspector of Food and Drugs, and any suggestions made to him as to suspicious food stuffs are at once dealt with.

It is satisfactory that during the year all samples of milk taken in the Borough were found of genuine and satisfactory quality.

FOOD.

MILK SUPPLY.—By far the greater part of the milk used in the Borough is produced within the Borough boundary, and in addition a large amount of milk produced in the Borough is exported to Birmingham.

There are 48 farms with cow sheds within the Borough.

The supply of milk and the arrangements for its distribution have been adequate throughout the year.

Very few complaints have reached the Health Dept. as to the milk supply being below standard quality, and the result of the analysis of 27 samples of milk taken during the year was satisfactory, none being adulterated in any way. No action was taken as to tuberculous milk.

The dairies, cow-sheds and milk shops have been regularly inspected by the Chief Sanitary Inspector. I append a special report from him on this subject.

The Milk (Mothers and Children) Order 1918 was not put in force in the Borough until November 1919, and during the year six persons have been supplied with free milk under this order.

The Health Visitors are instructed to bring to the notice of the Medical Officer of Health any case where on account of poverty a pregnant woman, a nursing mother, or an infant appears to have an insufficient supply of milk.

Particulars are entered on a special form which is then considered by the Medical Officer of Health, and if in his opinion a grant of milk is justifiable a definite supply for a definite period is allotted to the case. Undoubtedly the provisions of this Order are of extreme benefit, but in a town like Nuneaton where there is little real poverty and where the bulk of the population is earning good wages it is not often necessary to make these grants.

OTHER FOODS.

The Junior Sanitary Inspector for the Borough is also Meat Inspector and carries out the routine inspection of all food exposed for sale in the Borough.

I give in a table on pages 30 and 31 the amount of unsound food seized or surrendered during the year.

The sanitary conditions of the premises where food is manufactured or prepared for sale are regularly inspected by the Sanitary Inspectors.

In Nuneaton, apart from the Bakehouses, we have very few places where food is prepared for sale and these are easily kept under observation, and, generally speaking, are kept in a sanitary condition.

The bakehouses, 36 in number, have been regularly inspected, and have complied with the Bye Laws in all respects. None of these bakehouses are underground.

MEAT INSPECTION.

A Public Abattoir exists in the town.

By a special arrangement made between the Ministry of Food and the local butchers all meat during 1919 was slaughtered at the Public Abattoir, or at two special slaughterhouses. This has been a great improvement in that it allowed thorough inspection of all meat slaughtered in the Borough.

In addition to the Public Abattoir, there are 22 slaughterhouses in the Borough: 11 registered, 11 licensed. These have been occasionally visited through the year to see that they were being maintained in a sanitary condition, even though they were not in active use.

It is greatly to be hoped that this slaughtering of meat at the Public Abattoir may lead at the termination of meat control to the more general use of the Public Abattoir and to the abandonment of private slaughterhouses, as without doubt there are some private slaughterhouses quite unsuitable under present standards of hygiene for us as such.

I give below particulars as to the number of carcasses condemned during the year 1919.

Date.	Description.	Weight. lbs.	Condition.	Origin.	
Jan. 17.—	Carcase of cow...	224	Tuberculosis	Home Production.	
Feb. 6.—	Carcase of ox ...	364	„	„	„
Mar. 27.—	Beast's liver	14	„	„	„
„ 28.—	Beasts' stomach	56	Unsound	„	„
Apl. 1.—	Beast's liver	7	Distomatosis	„	„
„ 3.—	Beast's liver		Tuberculosis	„	„
	and skirt ...	30			
„ 15.—	Beast's head	26	„	„	„
„ 15.—	Beast's pluck		„	„	„
	and viscera ...	80			
„ 22.—	Pig's viscera ...	30	Inflammation	„	„
May 14.—	Beasts' stomachs	50	Tuberculosis	„	„
„ 15.—	Beast's lungs				
	and viscera ...	30	„	„	„
July 8.—	Beasts' lungs				
	and stomachs ...	84	„	„	„
„ 23.—	Beast's lungs ...	12	Abscess	„	„
„ 24.—	Calf's pluck	24	Tuberculosis	„	„
Aug. 6.—	Sheep's liver ...	6	Parasitical	„	„
„ 7.—	Carcase of cow.	700	Tuberculosis	„	„
Sept. 16.—	Cow's udder	14	Mammitis	„	„
„ 24.—	Sheep's liver ...	5	Parasitical	„	„
„ 24.—	Beast's liver ...	14	Necrosis	„	„
„ 30.—	Carcase of cow.	600	Tuberculosis	„	„
Oct. 9.—	Beast's head	26	„	„	„
„ 9.—	Beast's liver ...	12	„	„	„
„ 9.—	Carcase of cow .	570	„	„	„
Nov. 5.—	Carcase of cow.	520	„	„	„
„ 11.—	Carcase of cow.	550	„	„	„
„ 11.—	Carcase of heifer	580	„	„	„
„ 13.—	Liver and offals	50	„	„	„
Dec. 4.—	Beast's liver	7	Cirrhosis	„	„
„ 10.—	Carcase of pig .	300	Poisoning (emergency slaughter)		
„ 16.—	Carcase of pig .	46	Dropsical	„	„
Total ...		5,031 lbs.			

All the above meat was voluntarily surrendered by farmers or butchers and destroyed by the Meat Inspectors.

In addition, 8½lbs. of cooked and pressed beef was found unfit for human food in a refreshment shop and condemned.

It is pleasant to report that the butchers in the town have worked most harmoniously with the Health Department and rendered every assistance in preventing unfit meat being used for human food.

A word of thanks is also due to the Food Executive Officer (Mr. Masterton) for keeping the Health Department informed of all cases of unfit food which have come to his notice.

PROVISIONS, FRUIT, FISH, ETC., DESTROYED AS
BEING UNFIT FOR HUMAN CONSUMPTION
DURING THE YEAR 1919.

Eggs	776	
Tripe	80 lbs.	Imported (Argentine).
Dates	3581 lbs.	
Tinned Beef	4 tins.	
Tinned Salmon	3 tins.	
Tinned Tomatoes ...	180 tins.	
Condensed Milk	64 tins.	
Fish	1919½ lbs.	
Sausages	34 lbs.	
Rabbits	44 lbs.	

MATERNITY AND CHILD WELFARE.

This department of public health work is dealt with in the Borough by the Maternity and Child Welfare Committee, which consists of the whole of the Health Committee with the addition to three ladies interested in the subject, namely—The Mayoress (Mrs. Randle), Mrs. H. C. Jones, and Mrs. G. E. Williams.

There are three Health Visitors working in the Borough, two employed by the Borough Council, and one employed by the County Council, who devotes part of her time to an out-lying district of the Borough contiguous with the district of the County in which she works.

Negotiations are at present taking place whereby it is hoped to obtain a refund from the County Council of a large part, if not all, of the contribution which the Borough pays to the County in respect of the provision of Maternity and Child Welfare services but for which we now only receive a very small return in the shape of the part-time services of one County Health Visitor acting in a small corner of the Borough. With this money it is hoped that we may be able to appoint an additional Health Visitor and so make it possible to give still greater attention to this most important side of public health work than is possible with two Health Visitors working over an area of more than 10,000 acres with a population of approximately 40,000.

There are two Infant Welfare Centres in the Borough; one in the centre of Nuneaton held at the Salvation Army Hall in Leicester Road and open on two afternoons per week, and one at Stockingford held in the Wesleyan Sunday School and open on one afternoon per week.

Mrs. Abbott, one of the Health Visitors, has charge of the Nuneaton Centre, assisted by a few voluntary workers; while Miss Ford, the other Health Visitor, has charge of the Stockingford Centre, and is similarly assisted by voluntary workers.

The difficulty of obtaining a permanent and suitable home for the Nuneaton Centre in any existing hall became so acute towards the end of 1919 that the Council decided to erect an Infant Welfare Centre of its own, and the consent to this proposal is awaited from the Ministry of Health.

The work of these Centres is fully dealt with later on in the excerpts which I give from reports rendered to me by the Health Visitors, but I feel that I must pay a very genuine tribute of thanks to those ladies who have assisted us as Voluntary Workers during the past year. This is work of very real value to the community and although the results may not be immediately apparent I can assure those ladies who have so faithfully carried on in spite of many inconveniences that, at any rate by those who know, their work is assessed at its true value.

Practically all the clerical work at the Centres is done by voluntary workers, and in addition they assist by instructing the mothers in the making of simple infant garments and in many other matters of household management. In short, it would be quite impossible to make our Centres the success they now are without the help of our voluntary workers.

The medical work of the Centres is in the able hands of Dr. A. A. Wood, who was throughout the war Acting Medical Officer of Health. Until recently he has only given one afternoon a fortnight to this work, which both he and I felt to be totally insufficient. Consequently a new arrangement has been suggested to the Ministry of Health whereby Dr. Wood will attend once a week at the Nuneaton Centre and an additional Medical Officer will be appointed to attend once a fortnight at the Stockingford Centre. This should give us that continuity of medical supervision which is so essential to success, but I am of opinion that later on, if the numbers go on increasing as they are doing now, it will be necessary to have a Medical Officer present at the Nuneaton Centre on more than one afternoon per week.

It seems almost superfluous now-a-days to point out the great value of this Child Welfare work. The instruction given to mothers by the Health Visitors has without doubt been the means of saving many infant lives and rendering the lives of others much more pleasant than would otherwise have been the case.

In respect to one disease alone—namely, Ophthalmia Neonatorum (inflammation of the eyes of the newly-born)—the Health Visitors have more than justified their existence. Six cases of this disease were notified during the year and every case recovered without any permanent damage to the child's eyesight. Two of these cases were very severe and necessitated the child being taken by the Health Visitor to the Birmingham Eye Hospital, and I am absolutely convinced that had it not been for the prompt action of the Health Visitor both these children would have been permanently blind, thus becoming in all probability later on a charge upon the ratepayers for special education at a Blind School. A

moral lies in this story "The earlier disease is dealt with the less it costs in the long run."

Every birth is or should be notified to the Medical Officer of Health either by the medical practitioner, by the midwife, or by the parent. These notifications are handed on to the Health Visitor for the district in which the birth takes place and as soon as the midwife or monthly nurse has ceased attendance on the mother, the Health Visitor pays her first visit and helps the mother with advice or practical assistance in any way that is possible. Thereafter the Health Visitor uses her discretion as to subsequent visits: these being paid frequently in the cases of delicate babies or careless mothers and less frequently in the case of healthy babies and good mothers.

The Health Visitors keep a full record of all their visits and a card is kept for each child on which full particulars are entered as to feeding, housing, etc. In all cases of difficulty these reports are brought to the notice of the Medical Officer of Health, who advises the Health Visitor as to appropriate action.

The Health Visitors inform the mothers as to the existence of the nearest Infant Welfare Centre and advise them to attend with their babies for further help if required and in order to have the baby weighed periodically.

The administration of the Milk (Mothers and Children) Order is dealt with in another section of the report under the heading of "Milk."

ANTE-NATAL WORK.

This work consists of advising expectant mothers in all matters concerning their pregnancy and the future welfare of the child. The basis of all this work must be some method of obtaining knowledge as to pregnancies. It is impossible for the Health Visitors to do any good in this direction unless expectant mothers themselves tell the Health Visitor their condition and ask her advice, or unless some system of notification of pregnancies by midwives can be instituted.

At present, as we have no Ante-Natal Clinic, and as much of the success of this work depends on thorough medical examination during pregnancy, I have not pressed this question of notification, but as the Council has decided to open an Ante-Natal Clinic as soon as our new Infant Welfare Centre is erected, and to appoint a Medical Officer to attend it, the question of obtaining notice of pregnancies by some means or other will soon become important.

As a large number of our infantile deaths occur at or almost immediately after birth I am convinced that attention to mothers during pregnancy will result in a considerable saving of infant life. It is the exception under present conditions for a woman to consult a medical man during her preg-

nancy and many women endure much avoidable ill-health and discomfort, thinking it a normal accompaniment of pregnancy, which could be remedied by medical treatment.

The future, I am convinced, will see much greater attention paid to the working-class woman during her pregnancy and confinement and the natural corollary to an Ante-Natal Clinic is a Maternity Home or Hospital. Of interest in this regard is the fact that the deaths of eight women during 1919 were attributed to Accidents of Child-Birth, all these women being between 28 and 41 years of age.

I give below full statistics concerning Infant Welfare Work during 1919:—

Population in 1911	37,073
Population in 1919	41,146
No. of Registered births 1919	936
No. of Notified births 1919	989
No. of still-births 1919	47
No. of illegitimate births 1919 ..	26
Birth-rate	22.7
Death of infants under One Year	86
Infantile Mortality rate	92
Maternal Mortality:—	
1.—From complications of child-birth .....	.20
2.—From puerperal fever .....	.02
No. of notified cases of Puerperal Fever	1
No. of notified cases of Ophthalmia Neonatorum ...	6
No. of Midwives practising in Borough:—	
Independent	12
Employed by District Nursing Association ...	—
Subsidised	—
No. of Midwives, trained	6
No. of Midwives, untrained	6
Infant Welfare Centres.	
No. of names in books 1919	475
No. of attendances	4118
Average attendance per session	30
Health Visiting.	
No. of first visits 1919	944
No. of re-visits	3577

I give on page 35 full details of all Infantile Deaths in the Borough.

I cannot conclude this section of the report without expressing my appreciation of the excellent work done by the Health Visitors. The Council is fortunate in having in its service two Health Visitors who are ready to undertake, and what is more to undertake willingly, anything which will help to combat Infant Mortality. They are not bound by “red-tape” and are both unstinting workers.

TABLE IV.

BOROUGH OF NUNEATON.**INFANTILE MORTALITY DURING THE YEAR 1919.**

Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.				Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	4 week & under 3 months.	3 m'ths & under 6 months.	6 m'ths & under 9 months.	9 m'ths & under 12 months.	Total Deaths. under 1 year.
All Causes	{	Certified	...	28	4	5	2	39	6	14	13	14	86
Small-Pox .. .. .				...					
Chicken-Pox .. .. .				...					
Measles .. .. .				...							1		1
Scarlet Fever .. .. .				...					
Whooping Cough .. .. .				...			1	1		1	4	1	7
Diphtheria and Croup .. .. .				...					
Erysipelas .. .. .				...					
{ Tuberculous Meningitis .. .. .				...						1		1	2
{ Abdominal Tuberculosis .. .. .				...					1				1
{ Other Tuberculous Diseases .. .. .				...					
Meningitis (<i>not Tuberculous</i>) .. .. .				...							1		1
Convulsions				3				3	1			2	6
Laryngitis .. .. .				...					
Bronchitis .. .. .				...			1	1		3	3	3	10
Pneumonia (all forms) .. .. .				...						4	2	4	10
Influenza .. .. .				...							2	2	4
{ Diarrhoea .. .. .				...					
{ Enteritis .. .. .				...						2		1	3
Gastritis .. .. .				...						1			1
Syphilis .. .. .				...					
Rickets .. .. .				...					
Suffocation, overlaying .. .. .				...					
Injury at birth .. .. .				...					
Atelectasis				1				1					1
{ Congenital Malformations				1				1	1				2
{ Premature Birth				14	2	2		18	1				19
{ Atrophy, Debility and Marasmus				9	2	2		14	2	1			17
Other Causes .. .. .				...						1			1

I give below extracts from the Annual Reports of the two Health Visitors:—

Mrs. Abbott writes:—

“ In presenting my first Annual Report to you as Medical Officer of Health, I hope it will at least supply the answer to the question put recently by a Member of the Council ‘ What does a Health Visitor do?’ ”

STATISTICS.

“ First visits 435, re-visits 2030, total visits 2465. These visits include 32 visits to infectious diseases. Among the different cases dealt with at my visits were:—Convulsions 4, colic 2, worms 1, breast abscesses 6, nævus 3, nose trouble 2, eye defects 5, ophthalmia 3, otorrhœa 5, meningitis 2, bronchitis, influenza and pneumonia 19, hernia 16, summer diarrhœa 2, spinal diseases 3, talipes 1, congenital malformatiton 4, dressings (surgical) 14, assistance during puerperium 2. I also assisted doctors at six operations for circumcision, and three for tonsils and adenoids.

DEATHS DURING 1919.

“ The Infantile deaths in my district numbered 33, and are divided up as follows:—

Congenital Malformation	3	Unavoidable
Premature Births	13	Several avoidable by Ante-Natal treatment.
Bronchitis	5	Often carelessness.
Whooping Cough	5	Often carelessness.
Marasmus	1	
Tubercular Meningitis	1	History of tuberculosis. Father died of it.
Acute Gastro Enteritis	1	Eating fish and chips.
Asphyxia	1	Using soft pillow.
Convulsions	3	Cause not known.

“ The number of cases of Hernia met with is really surprising—16 cases: 10 umbilical and 6 inguinal. In every case suitable appliances have been supplied and every case is satisfactory.

“ In the cases of Spinal Disease all are having treatment through the Birmingham Orthopædic Hospital, and in one instance where a spinal carriage was necessary I went to Hinckley, hired one, and brought it back with me.

“ I went to Birmingham on six occasions to take babies for treatment of Ophthalmia, etc., in most instances before the mother was up and able to go.

“ I never work by rule or time; because it is Sunday I do not refuse to dress a breast abscess or wash a baby, or visit a baby having Convulsions.

“ Most of the cases I am proud of being able to assist develop on Sundays.

“ A child burnt very badly I visited on Sunday; had the visit waited until Monday there would have been no child to visit; the child is now well.

“ Ophthalmia Neonatorum requires just as much attention on Sunday as on a week-day.

“ I only came across two cases of Summer Diarrhœa, and in both cases the babies recovered by the timely aid of Albumen water.

ILLEGITIMATE BABIES BORN 1919.

“ The illegitimate babies born in my district number six. One born in the Workhouse Infirmary transferred to St. Mary's Ward. One born in Coton was taken to Foleshill. The Medical Officer of Health of that district was notified of its address. The remaining four are living and satisfactory.

OBSERVATIONS AND GENERAL REMARKS.

“ The number of visits paid in no way signifies the amount of work done; for instance, a whole afternoon may be occupied giving demonstrations in food preparation, dressing a baby, etc., giving a bath for convulsions, giving a saline injection, or treating a child for colic, and again another day nothing of the kind arises and you gaily add 12 visits in place of one to your list.

“ Prejudice is being outlived to a great extent, but there remains even now a certain class who still believe that it is bad luck to have a baby weighed, bad luck to wash the inside of a baby's hand, etc.

“ I find it next to useless to argue about comforters. When I see a 'dummy' I usually point out the danger attached to the use of it, but I find appealing to the 'finer sense' has a greater effect. I generally remark 'I am surprised that you can't manage a baby without one of these things': it does more to abolish 'dummies' than all the lectures I know of.

“ A few remarks *re* housing conditions. Houses and homes are to a great extent what people make them. In the same row of houses you find people who chop up panels and wainscotting for firewood, allow children to tear the wall-paper off, put cans and stones down the w.c., etc. The awful destruction to property is appalling. Next door you will find people who regard their houses with the same care as though they were the owners. I always remember a remark once made to me: 'If you have pigs you must have styes as well.'

NUNEATON INFANT WELFARE CENTRE.

“ At the commencement of the year the Infant Welfare Centre occupied the Miners' portion of the Mining School, Coton Road, which was most convenient and provided ample accommodation.

“ One of our babies, Horace Styles, won third in Class 1 for all England in the Daily Sketch Baby Competition, the only baby to win in Class I Midland Area. The baby was

awarded £10 Victory Bond, a certificate, and a silver rattle. Mrs. Styles got £1 10s. 0d. and we got £5 for the Welfare Centre. This money was spent in purchasing a play-pen and a weighing table for the Welfare Centre. The other babies competing got certificates.

“ On June 22nd, a rummage sale was held to provide funds for the Annual Tea Party. Over £5 was raised in this way and on July 7th we had a great day at Caldwell Hall (kindly lent by Mrs. Jones for the occasion).

“ On September 24th our troubles commenced: we removed from the Mining School to the Manor Court Baptist Rooms, there we were allowed to remain for two weeks and again removed to the Parish Room on October 10th. On November 21st we again moved to the Salvation Army Rooms where we still remain.

“ Numbers are increasing very rapidly,—39 new members in one month; very soon the accommodation will be quite inadequate. The attendances were as follows—first visits 229; total visits 2,954.

Jan. 110, Feb. 98, Mar. 194, Apl. 244, May 310, June 276. July 384, Aug. 230, Sep. 319, Oct. 293, Nov. 280, Dec. 216.

“ From April the Centre was open on two days weekly in place of one.

“ The sudden rise in attendance during April was certainly due to the Baby Competition, and the increase in July to the Rummage Sale and Tea Party.

“ We have found great difficulty in keeping any record of attendances of expectant mothers. The register work is undertaken by voluntary workers, who do not like to ask and mothers will not volunteer the information.

“ There is no special accommodation, class instruction, or individual attention given to expectant mothers, and until our Centre accommodation enables us to undertake Ante-Natal work and until mothers realise that they get assistance by registering their condition, I am afraid our entries on the expectant mothers page will be few ”

Miss Ford writes:—

“ During the year 1919, I have paid 463 visits to new born babies, 1,368 to older infants under one year, and 511 visits to older infants under school age, giving advice where necessary on their management and well being. I have paid 42 visits to expectant mothers; have also attended at 5 minor operations, paid 59 visits to do various dressings, and 14 visits to babies with ophthalmia. Total number of visits 2,462.

“ I have attended Nuneaton Infant Welfare Centre 54 afternoons and Stockingford Infant Welfare Centre 41 afternoons. Total 47½ days.

“ There have been 16 still-born infants in my district; also the following deaths:—One each from Measles, Gastritis, Convulsions, Congenital Weakness and Cleft Palate, Meningitis and Dentition, Tubercular Meningitis, Whooping Cough and Broncho Pneumonia, Syncope due to indigestion (caused

by a full meal). Two each from:—Feebleness (twins), Enteritis, and Convulsions. Three from Influenza and Broncho Pneumonia. Four from Bronchitis. Five from Broncho Pneumonia. Six from Marasmus. Nine from Premature birth. Total 40 Infantile deaths.

“Eighteen illegitimate babies were born in my district during 1919, and two came from other districts; one was still-born. Thirteen are with their own mothers, four are with foster mothers during the day and own mothers at night, and two are with foster mothers entirely. All are progressing well with two exceptions: one died, age 11 months, from Broncho Pneumonia, and one, aged 8 months, died from Bronchitis.

“I think it would be a great help to our future mothers if every girl before leaving school could be taught how to properly wash, clothe and feed a baby.

“A school for mothers and expectant mothers would be a help if it could be held on a separate afternoon to the Infant Welfare afternoon.

“Post graduate lectures for practising Midwives might be of some help to them and to our mothers.

“It would be a great help if the sale of long tube bottles and comforters could be made illegal.

STOCKINGFORD INFANT WELFARE CENTRE.

“This Centre was opened on October 23rd, 1918, with an attendance of 18 and was closed for three weeks soon afterwards during an Influenza epidemic. On January 1st, 1919, the number on the register was 30, and on the 29th December, 1919, the number was 120.

“Three mothers have left the district and 45 mothers have ceased to attend. Occasional talks are given on Infant Management, some instruction is given in the making of infant clothes, and advice is given to individual mothers as required.

“Miss Cancellor spoke once on Venereal Disease.

Number of first visits of infants	89
Number of total attendances of infants	1164
Number of expectant mothers	6
Number of total attendances of expectant mothers...	36 ”

Miss Pakes, the County Health Visitor, reports as follows on her visits within the Borough:—

Number of first visits to infants	46
Number of re-visits to infants	179
Number of first visits to expectant mothers	19
Number of re-visits to expectant mothers	13
Number of visits to midwives	69

VACCINATION.

According to the returns of the Vaccination Officer, out of 830 children born during the year ending June 30th, 1919, only 51 were vaccinated, equal to 6.14%.

In the course of School Medical Inspection, out of 1,247 children examined, only 540 were vaccinated, equal to 43.3%.

This neglect of vaccination constitutes a very real danger to the community and much of it is due to sheer ignorance. I have dealt with this question at greater length in my report as School Medical Officer, and anyone desiring further information on the subject should read that report.

I give below statistics regarding vaccination obtained from the Vaccination Officer.

Births.	Number successfully vaccinated.	Insusceptible of Vaccination.	Died before Vaccination.	Postponed by Medical Certificate	Removals	Not Found.	Un-vaccinated.	Certificate of Conscientious Objection
830	51	—	48	2	—	40	50	63)

SANITARY CONDITION OF SCHOOLS.

All the Schools in the Borough are supplied with town water.

With the exception of Galley Common, where a most unsuitable privy midden exists, all the schools are provided with water-closets.

Further information on the sanitary condition of the schools can be obtained in my report as School Medical Officer to the Education Committee.

HOUSING.

The following report on Housing is written on the lines laid down in the memorandum of the Ministry of Health as to contents of Annual Reports of Medical Officers of Health for 1919.

Number of houses in the Borough, 8,346.

The following table, taken from the rate books in October 1919, gives the number of houses at various nett rateable values from £5 and under to £20 and over.

BOROUGH OF NUNEATON.

GROSS RATEABLE VALUE OF HOUSES, OCTOBER, 1919.

Under £6	Under £7	Under £8	Under £9	Under £10	Under £11	Under £12	Under £13	Under £14
1052	549	842	1669	1095	432	596	753	275
Under £15	Under £16	Under £17	Under £18	Under £19	Under £20	£20 and over	Total Houses.	
136	130	97	46	83	38	553	8346	

From this it will be seen that only 553 houses in the Borough are of a nett rateable value of £20 or over. If we take £13 nett rateable value as the limit for working class dwellings we have 7,263 houses at or under that figure in the Borough.

During the year 1919 no new houses were erected, but at December 31st, 1919, 8 houses, part of the Municipal Housing scheme, were in course of erection.

The estimated population of the Borough for the middle of 1919 is 41,146. For details see page 9.

It is anticipated that owing to the fact that several large factories are at present in course of erection in the Borough there will be additional attraction of labour to the town, with the consequent need for housing accommodation.

Although the population is only 41,146, the acreage of the Borough is 10,596, so that there is plenty of room for housing development within the Borough boundary.

It was estimated in the return sent by the Council to the Housing Commissioner in November 1919 that the number of houses required in the Borough was 1,614: of this number, 814 houses were to meet the unsatisfied demand for houses and 800 to meet anticipated deficiencies arising from new industrial development. The approximate natural increase of population in the Borough since that report was compiled is 386, which at five persons per house, means an addition of 77 houses to our former needs, making a total of 1,691.

At the present time the Corporation has in hand three housing schemes, providing for the erection of about 730 houses.

In addition, a few houses are being erected by private effort, and a scheme is on foot for the erection of about 25 houses of the bungalow type on an excellent site. The houses are expected to sell at about £850.

In the autumn of 1919, 2,699 houses in 54 streets were specially inspected by the Sanitary Inspectors, and I give below some statistics derived from that inspection.

SPECIAL HOUSING INSPECTION.

Number of houses with	L.R.; S.; 2 B.R. (rents 1/9— 7/2)	481
Number of houses with	L.R.; S.; 3 B.R. (rents 2/6— 8/-)	117
Number of houses with	P.; L.R.; S.; 2 B.R. (rents 2/3— 7/11)	272
Number of houses with	P.; L.R.; S.; 3 B.R. (rents 2/6— 9/3)	1134
Number of houses with	P.; L.R.; S.; 4 B.R. (rents 2/6—11/4)	70
Number of houses with	1 B.R.; 1 L.R. (rents 1/3— 5/-)	136
Number of houses with	2 B.R.; 2 L.R. (rents 2/1— 6/6)	215
Other property	.....	274
Total		2699
Number of houses with two or more families		155
Number of houses with more than two persons per room		76
Total number of inhabitants of houses enumerated		
(7,900 adults, 3,767 children)		11,667
Average number of occupants per house		4.2
In the above table L.R. = Living Room, B.R. = Bedroom, S = Scullery, P = Parlour.		

OVERCROWDING.

EXTENT.—The following information regarding overcrowding was obtained by the Sanitary Inspectors in October 1919.

- 1.—Number of houses with more than two occupants per room 160
- 2.—Number of houses intended for one family only, which are
now occupied by two or more families 654

From my own observation and from the opinions of doctors who visit working-class dwellings in the town, I am of opinion that the above figures are an under-estimate. Undoubtedly the tendency to overcrowding is increasing from month to month while the present scarcity of houses exists.

CAUSES.—A rapid increase in the population of the town and a cessation of building since 1914. For the five years prior to the war the average number of houses built per annum was 187, while during the whole of the last five years only 154 houses have been built. This has caused a normal shortage of 881 houses.

MEASURES TAKEN OR CONTEMPLATED TO DEAL WITH OVERCROWDING.—It seems impossible to deal on any big scale with overcrowding while no alternative dwellings exist for the superfluous members of the household.

The possibility of inducing large families in small houses to exchange with small families in large houses is worth considering, but I am afraid would be found impracticable in practice unless legal powers were available to evict the small families from the large houses. In my opinion the only way to deal effectively with overcrowding is to build more houses.

Nothing has been done in this matter of overcrowding during the year except the occasional removal of lodgers from already crowded houses. Efforts have been made by the Sanitary Inspectors to suggest alternative accommodation in a few cases but without success.

FITNESS OF HOUSES.—The housing in Nuneaton may be divided roughly into two classes, viz.: Houses built prior to 1891 and houses built after 1891. The latter period is represented by approximately 5,075 houses out of a total of 8,356. This indicates that the town has more than doubled in size during the last 30 years and that approximately two-thirds of our housing is modern. Speaking generally, one can say that the houses built in the latter period 1891-1919 are good habitable houses with through ventilation, modern sanitary conveniences and paved yards. They are brick built and tiled, the main fault to be found with such houses is occasional dampness of walls. As a rule these houses have moderate sized gardens and are distinctly above the standard of houses found in most manufacturing towns in the north of England with which I am acquainted. The remaining 3,281 houses belong to the older period and may be divided into two classes—the “fit” and the “unfit.” The “fit” certainly predominate and there are only 8 houses in the Borough which in the opinion of the Chief Sanitary Inspector are not and cannot be made fit for human habitation.

I have recently caused a survey to be made of houses presenting sanitary defects and the following is the result:—

A.—Unfit for human habitation and cannot be made fit	8
B.—Houses at present almost unfit for habitation but which can be made habitable	96
C.—Houses presenting less serious sanitary defects but which require considerable improvement	113
<hr/>	
Total ...	217

The general character of defects found in the above houses are as follows:—

Dampness due to want of damp course

Perished brickwork.

Floors defective.

No accommodation for food storage.

No washing accommodation.

Inefficient closet accommodation.

Defective yard paving.

Windows not made to open.

No action has been taken to deal with unfit houses as it has been found impossible to obtain alternative accommodation for the tenants.

The Sanitary Inspectors have been assiduous in their endeavours to get minor degrees of unfitness dealt with, but they have been only fairly successful. Details of work done to houses on the representation of the Inspectors will be found in the Report of the Chief Sanitary Inspector on page 48.

The main difficulties met with have been the following:—

1.—The small financial return from rents compared with the large cost of repairs.

2.—The difficulty in obtaining labour and material.

The first item might be improved considerably by a reasonable modification of the Rents Restriction Acts.

WATER SUPPLY.—Of the 8,366 houses in the Borough, 8,030 are supplied with town water, and of the remaining 326 houses several are outlying farms or are in outlying areas. It should be borne in mind that the Borough covers the large area of 10,596 acres, part of which is quite rural in character.

CLOSET ACCOMMODATION.—The existing condition is dealt with in my general report, page 14.

New houses built in the greater part of the Borough could be easily connected with existing sewers. There are, however, certain outlying areas where sewerage is not yet available.

REFUSE DISPOSAL.—See general report, page 15.

UNHEALTHY AREAS.—There is no large area in the Borough which can be looked upon as an “unhealthy area.” There are, however, one or two collections of houses which

should be abolished or much improved as soon as alternative accommodation is available. The following collections of houses might be considered as small “unhealthy areas,” but it is proposed to deal with them as separate houses and not as “unhealthy areas.”

Part of Upper Abbey Street.

Part of Back Street.

9 Court, Abbey Street.

Part of Meadow Street and Abbey Place.

No action has been taken during the year with regard to “unhealthy areas.” No complaints as to “unhealthy areas” have been received during the year.

BYE-LAWS.—These are in force in the Borough in regard to the erection of new houses, alteration of houses, nuisances, and common lodging houses. The working of these is satisfactory.

GENERAL.—The housing conditions in Nuneaton have one great point in their favour not found in many other towns; I refer to the large amount of open space around the houses generally and the very few areas in the town where buildings are really crowded together. Even some of the worst houses in the town have quite open gardens at the back. This is a redeeming feature of considerable importance.

STAFF.—The two Sanitary Inspectors are engaged in housing inspection in addition to their other duties. No officer is engaged solely in this duty.

APPENDICES.

1.—No complaints were received during the year that any house was unfit for human habitation.

2.—The following table deals with action taken during the year, under Section 17 of the Housing Act 1909.

TABLE VII.
SECTION 17 OF THE HOUSING ACT 1909.

Number of Houses Inspected for purposes of Section 17 of Act 1909.	Number of Houses found unfit for Habitation.	Number of Representa- tions made to the Local Authority with a view to the making of Closing Orders.	Number of Closing Orders made.	Number of Dwelling Houses the defects in which were remedied without the making of Closing Orders.	Number of Dwelling Houses which after the making of Closing Orders were put into a fit state for human habitation and the general character of defects found to exist.
478	0	0	0	143	0

3.—No action was taken during the year under Section 28 of the Housing Act 1919.

4, 5 and 6.—No Closing Orders or Demolition Orders were made during the year, nor were any dwelling houses demolished voluntarily.

7.—No action was taken in regard to obstructive buildings, and no representations were made to the Local Authority.

The Chief Inspector of Nuisances reports as follows:—

MILKSHOPS, DAIRIES AND COWSHEDS.

There are 48 farms in the Borough where milk is produced, the number of cows in milk numbered 785.

The interiors of the Cowsheds were generally in clean condition, but I cannot say the same for the immediate surroundings; at 35 farms there were large accumulations of manure close to the sheds. At the 13 other farms the manure is removed some distance away.

I am of the opinion that clean milk is not possible under existing conditions owing to the fact that none of the cows are groomed, their flanks are usually caked with manure (for several months when in sheds for winter) and the accumulations of manure so near the sheds all contribute to the dirty condition of the milk.

BAKEHOUSES.

There are 35 bakehouses, generally of modern construction, and in good order.

KNACKER'S YARD.

This yard has been visited and considering the trade carried on is fairly satisfactory.

COMMON LODGING HOUSE.

One only in Borough in good order and control.

SUMMARY OF WORK DONE IN THE INSPECTOR OF NUISANCES DEPARTMENT DURING 1919.

	Inspec- tions made.	Formal notices by Authority.	Nuisances abated after notice.
Drainage opened and cleansed	297	145	145
Pump to cesspool provided	4	1	1
Drainage tested	12	4	3
Ventilating shafts repaired	9	2	2
Yards part paved and repaired	21	9	8
New covers to inspection chambers provided	30	14	14
Housing Survey	2699	Included in detail defects below.	
House to house inspection	478		
Floors of dwelling houses relaid or repaired	60	24	20
Roofs repaired and made weatherproof	71	29	21
Dilapidated walls and ceiling repaired	35	19	—
Dangerous staircases repaired	9	2	2
Defective spouting repaired	83	39	21
New stoneware sinks provided in place of brick sinks	8	2	2
New sink waste pipes provided and others repaired	29	17	15
Water removed from cellars	11	4	4
Houses cleansed	67	31	28
Cases of overcrowding	81	21	9
Coppers repaired or rebuilt	45	16	14
Accumulations of offensive matter removed	39	23	22
Water-closets opened and cleansed	470	191	166
Water-closets provided with new basins and trap	11	3	1
Defective joints of flush pipes to w.c.'s repaired	36	19	16
Defective w.c. cisterns repaired ...	89	42	35
New w.c. cisterns provided	17	3	3
Privies converted into w.c.	19	4	2
New dustbins provided and repaired	670	366	120
Roof of dry ashplaces repaired	37	11	7
Common Lodging House	14	1	—
Cowsheds, Milkshops and Dairies ...	92	7	4
Bakehouses	59	3	2
Slaughterhouses and Abattoir	408	6	6
Canal Boats	17	0	0
Knacker's Yard	7	1	1
Nuisances from keeping swine	51	3	1
Smoke observations	11	3	2
Meat and Fish Shops and Stalls	290	—	—
	6386	1065	680
Houses disinfected after infectious disease	45		
Schools disinfected after infectious disease	3		

SHOPS ACT.

	Shops Inspected.	Formal Notices Served.	Notices complied with.
Complaints (Anonymous)	4	—	—
Shops	317	15	14
Shop notices	—	15	15

FACTORIES.

Description of Factory.	WARDS.				Total.
	St. Mary.	St. Nicholas.	Stocking- ford.	Chilvers Coton.	
Hosiery	2	1	—	—	3
Clothiers	2	1	—	1	4
Needle making	—	1	—	—	1
Hat making	1	—	—	—	1
Boot making	—	1	—	—	1
Boot repairing	—	2	—	—	2
Shoe heel making	2	—	—	—	2
Cardboard box making .	1	—	—	—	1
Leather making	—	1	—	—	1
Weaving	—	4	—	—	4
Sports requisites	—	2	—	—	2
Dye works	—	1	—	—	1
Engineering	2	1	—	3	6
Timber works	—	1	1	—	2
Wool spinning	—	1	—	—	1
Printing	—	4	—	—	4
Flour mills	—	1	—	—	1
Electricity works.....	—	—	—	1	1
Laundry	—	1	—	—	1
			Total ...		39

WORKSHOPS.

Description of Workshop.	WARDS.				Total.
	St. Mary.	St. Nicholas.	Stocking-ford.	Chilvers Coton.	
Tailoring	—	2	—	—	2
Millinery	1	4	—	1	6
Dressmaking	—	3	2	6	11
Carriage builder	—	2	—	—	2
Wagon builders and repairers	—	2	2	—	4
Carpenters	—	1	—	1	2
Boot repairers	1	2	—	—	3
Saddlers	—	1	—	—	1
Shoeing smiths	—	1	—	—	1
Candle maker	—	1	—	—	1
Cycle repairers	1	1	—	1	3
Scale repairer	—	1	—	—	1
Bakers	6	16	6	7	35
Total ...					72

OUTWORKERS.

Description of work.	Number employed.
Hosiery	11
Tennis ball making	210
Tailoring	9
Boot repairing	1
Total ...	231

RAINFALL

YEAR.	Total depth in inches.	Number of days on which rain fell.
1903	28.89	191
1904	19.76	184
1905	19.37	211
1906	27.01	187
1907	22.67	228
1908	19.64	181
1909	23.72	202
1910	25.12	186
1911	19.72	157
1912	36.02	209
1913	25.47	187
1914	26.56	176
1915	28.24	179
1916	26.47	195
1917	25.74	192
1918	22.22	177
1919	29.45	188

PARTICULARS AS TO PERMISSIVE ACTS ADOPTED BY THE NUNEATON CORPORATION.

- 1.—**The Infectious Diseases (Notification) Act 1889**, was adopted at a Meeting of the Council, held on the 30th October, 1889, to come into force on the 9th December, 1889.
- 2.—**The Infections Diseases (Prevention) Act 1890**, was adopted at a Meeting of the Council, held on the 24th December, 1890, to come into force on the 9th day of February, 1891.
- 3.—**The Public Health Acts Amendment Act 1890**. Parts 2, 3, 4 and 5 were adopted at a Meeting of the Council, held on the 24th December, 1890, to come into force on the 12th day of July, 1891.
- 4.—**The Housing of the Working Classes Act 1890**. Part 3 was adopted at a Meeting of the Council, held on the 12th day of June, 1901, to come into force on the 12th day of July, 1901.
- 5.—**The Private Street works Act 1892** was adopted at a Meeting of the Council held on the 29th January, 1896, to come into force on the 2nd day of March, 1896.
- 7.—**The Baths and Wash-houses Act 1896** was adopted at a Meeting of the Council held on the 25th day of January, 1899.
- 8.—**The Notification of Births Act 1907** was adopted at a Meeting of the Council, held on the 3rd day of May, 1911, to come into force on the 1st July, 1911.
- 9.—**The Public Health Acts Amendment Act 1907**. The following parts and Sections were by an order of the Local Government Board—dated 24th February, 1909, declared to be in force in the Borough as from the 14th April, 1909, subject in some cases to certain conditions and adaptations:—
 Part 2.
 Sections 34, 35, 36, 37, 38, 43, 44, 45, 46, 47, 48, 49, 50 and 51 of Part 3.
 Sections 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66 and 68 of Part 4.
 Part 5.
 Part 6.
 Part 10.

